



PTO/SB/22 (10-00)

Approved for use through 10/31/2002. OMB 0651-0031

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PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)		Docket Number (Optional) 742423-06											
CERTIFICATE OF MAILING I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to Commissioner for Patents, Washington, DC 20231, on _____ Name: _____	In re Application of Kaori YASUFUKU et al												
	Application Number 09/643,948		Filed August 23, 2000										
	For CONNECTOR FOR MODULE												
	Group Art Unit 2833	Examiner F. Figueora											
<p>This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.</p> <p>The requested extension and appropriate non-small-entity fee are as follows (check time period desired):</p> <table><tr><td><input checked="" type="checkbox"/> One month (37 CFR 1.17(a)(1)) - (\$55/\$110)</td><td>\$110.00</td></tr><tr><td><input type="checkbox"/> Second month (37 CFR 1.17(a)(2)) - (\$200/\$400)</td><td>\$ _____</td></tr><tr><td><input type="checkbox"/> Three month (37 CFR 1.17(a)(3)) - (\$460/\$920)</td><td>\$ _____</td></tr><tr><td><input type="checkbox"/> Four month (37 CFR 1.17(a)(4)) - (\$720/\$1440)</td><td>\$ _____</td></tr><tr><td><input type="checkbox"/> Five month (37 CFR 1.17(a)(5)) - (\$980/\$1960)</td><td>\$ _____</td></tr></table> <p><input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. Therefore, the fee amount shown above is reduced by one-half, and the resulting fee is \$ _____</p> <p><input checked="" type="checkbox"/> A check in the amount of the fee is enclosed. (Also includes Extension of Time Fee)</p> <p><input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.</p> <p><input type="checkbox"/> The Commissioner has already been authorized to charge fees in this application to a Deposit Account.</p> <p><input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number 19-2380 (742423-06). I have enclosed a duplicate copy of this sheet.</p> <p>I am the <input type="checkbox"/> applicant/inventor <input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). <input type="checkbox"/> attorney or agent of record. <input checked="" type="checkbox"/> attorney or agent under 37 CFR 1.34(a). Registration number if acting under 37 CFR 1.34(a) #32,815</p> <p>WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.</p> <p><u>11/13/01</u> Date</p> <p><u>Donald R. Studebaker</u> Signature</p> <p>11/14/2001 SDENB001 00000032 09643948 02 FC:115 110.00 DP</p> <p><u>Donald R. Studebaker #32,815</u> Typed or printed name</p> <p>NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.</p> <p><input type="checkbox"/> Total of _____ forms are submitted.</p>				<input checked="" type="checkbox"/> One month (37 CFR 1.17(a)(1)) - (\$55/\$110)	\$ 110.00	<input type="checkbox"/> Second month (37 CFR 1.17(a)(2)) - (\$200/\$400)	\$ _____	<input type="checkbox"/> Three month (37 CFR 1.17(a)(3)) - (\$460/\$920)	\$ _____	<input type="checkbox"/> Four month (37 CFR 1.17(a)(4)) - (\$720/\$1440)	\$ _____	<input type="checkbox"/> Five month (37 CFR 1.17(a)(5)) - (\$980/\$1960)	\$ _____
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